



**Gordon State College
Sales Deposit Report**

Event Description: _____

Date: _____

Depositor's Name: _____

Budget Administrator: _____

Please note the budget will not be adjusted until you have provided your deposit receipt to the Budget Office.

Event Date:		
Deposit Breakdown:		
Description	Detail Code	Amount
Revenue		
Taxes Collected		
		Total Deposit:
Deposit Breakdown	Total Cash	
	Total Checks/Money Orders	
	Total Deposit	

I, the above named Depositor, certify by my signature that I have deposited the funds listed above to the Bursar's Office Personnel on the documented date of my signature.

Signature of Depositor

Date

Bursar's Office Use Only:	
Signature for receiving deposit: _____	
Date deposit received: _____	
Receipt Number in Banner: _____	Cashier initials: _____